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JEFFREY RAMBERG ESO

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PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
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Jeffrey R. Ramberg (Depositor's name)
Jeffrey R. Ramberg (Signature)
April 15, 2008 (Date)

AFFILIATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10780159	02/17/2004	Joseph DeMeo	KN P 0155	1270

TITLE OF INVENTION: ORIENTED POLYMER IMPLANTABLE DEVICE AND PROCESS FOR MAKING SAME

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	5720 \$1440	\$300	\$0	\$1020	04/16/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
CHEN, VIVIAN	1794	428-212000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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Law Office of
Jeffrey R. Ramberg

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Kensey Nash Corporation

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Exton, PA 19341 USA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - \$ of Copies

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☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1671 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(a)(2).

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Jeffrey C. Kelly

Date

4/15/2008

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PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.

OMB 0651-0033

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